


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jul 31, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # M07000006447</b> 1. Entity Name <b>AMBLING MANAGEMENT COMPANY</b>	
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Principal Place of Business <b>348 ENTERPRISE DRIVE VALDOSTA, GA 31601</b>	Mailing Address <b>348 ENTERPRISE DRIVE VALDOSTA, GA 31601</b>
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DO NOT WRITE IN THIS SPACE



07082008 No Chg-LLC      CR2E083 (12/07)

4. FEI Number <b>20-3527900</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required	

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable      (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$138.75**      In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.  
**Due by September 12, 2008**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	AMBLING PROPERTY INVESTMENTS, LLC
STREET ADDRESS	348 ENTERPRISE DRIVE
CITY- ST- ZIP	VALDOSTA, GA 31601
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

U00000956784  
07/31/08-80004-017 138.75  
**JUL 21 2008**

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Cynthia Wells      7-21-08      229-244-2800  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #